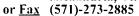
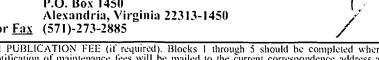
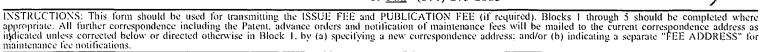
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450







inamitenance ree normer							
CURRENT CORRESPOND	DENCE ADDRESS (Note: Use BI	· · ·	Fee par	e(s) Transmittal. This c pers. Each additional p	certificate cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, must	
DICKSTEIN S 1825 EYE STR Washington, DO	SHAPIRO LLP EET NW	DEC 2 2	1 h Sto add tra	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
		1	<i>•</i>			(Depositor's name)	
		THE REAL PROPERTY.				(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R A	TTORNEY DOCKET NO.	CONFIRMATION NO.	
10:790,849	03/03/2004		Kunio Moriyama		K2020.0003/P003	1916	
TITLE OF INVENTION	N: PARTICLE BEAM TH	IERAPY SYSTEM			7/10/	46798849	
				12/27/20	86 HUAKIIS 00088086	1480.00 OP	
A DIM AL TAYOU	CALALL CATEURY	reer to their to the	PUBLICATION FEE DUE			7HH EG OF	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	l	PREV. PARMISSON	TOTAL FEE(S) DUI		
nonprovisional	NO	\$1400	\$300	- 80 trio	SUI \$1700	12/22/2006	
, EXAN	AINER	ART UNIT	CLASS-SUBCLASS	J			
NGUYEN,	KIET TUAN	2881	250-492300				
CFR 1.363). Change of corresp Address form PTO/S "Fee Address" ind	lence address or indication ondence address (or Cha B/122) attached. lication (or "Fee Address location for more recent) attach.	inge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	AND RESIDENCE DATA	A TO BE PRINTED ON	I THE PATENT (print or ty	/pe)			
	less an assignee is ident th in 37 CFR 3.11. Comp			patent. If an assignee assignment.		document has been filed for	
	L 3				•		
Hitachi, L			Tokyo, Japa			. (**)	
Please check the approp	riate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual 💹 Corp	oration or other private g	roup entity Government	
,	are submitted: No small entity discount p # of Copies5_	oermitted)	 a. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) □ A check is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _04-1073_ (enclose an extra copy of this form). 				
a. Applicant clain	atus (from status indicate ns SMALL ENTITY statu	us. See 37 CFR 1.27.		· ·	ENTITY status. See 37 (
NOTE: The Issue Fee ar interest as shown by the	nd Publication Fee (if req records of the United Sta	uired) will not be accepted tes Patent and Trademark	d from anyone other than cOffice.	the applicant; a registe	ered attorney or agent; or	the assignee or other party in	
Authorized Signature	Vetel Vating	in PETER VE	VISMAN 45,92	O Date De	ecember 22, 20	06	
Typed or printed nan	me Mark J. Th	ronson		Registration No.	33,082		
an application. Confider submitting the complete this form and/or suggest Box 1450. Alexandria, V Alexandria, Virginia 22.	ntiality is governed by 35 d application form to the ions for reducing this bu Virginia 22313-1450. DC 313-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to th) NOT SEND FEES OR	1.14. This collection is e y depending upon the ind ne Chief Information Offic COMPLETED FORMS T	stimated to take 12 milividual case. Any comper, U.S. Patent and Tr FO THIS ADDRESS.	nutes to complete, include ments on the amount of t ademark Office, U.S. De-	nd by the USPTO to process) ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450, of number.	

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

Separate and Trademark Office; COMBERCE	2006		Ap	proved for use throug	PTO/SB/17 (07-06) h 01/31/2007. OMB 0651-0032						
Complete if Known Complete From Complete From Complete From Fro	the Paperwork Reduction Act of	1995, no person are required to	U.S. Patent and Trac respond to a collection of inform	lemark Office; U.S. D nation unless it displa	EPARTMENT OF COMMERCE ivs a valid OMB control number.						
FEE TRANSMITTAL FOR FY 2006 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,715.00 Antomey Docket No. K2020.0003/P003 METHOD OF PAYMENT (\$) 1,715.00 Attomey Docket No. K2020.0003/P003 METHOD OF PAYMENT (check all that apply) Check X Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Newsort (check all that apply) Charge fee(s) indicated below Dickstein Shapiro LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee (\$) charge are yadditional fee(s) or underpayments of Charge fee(s) indicated below, except for the filling fee (\$) charge fee(s) indicated below Small Entity Fee (\$) Fee (\$		"-									
First Named Inventor Kunio Moriyama Examiner Name Kunio Moriyama Extra Claims Fee (\$) Fee (\$			Application Number	10/790,849-0	Conf. #1916						
First Named Inventor Kunio Moriyama Examiner Name Kunio Moriyama Extra Claims Fee (\$) Fee (\$	FEE TRANS	MITTAL	Fifing Date	March 3, 2004							
Application Type Fee (\$) Signal Entity Fee (\$) Fee (\$) Fee (\$) Cassure (\$) Soon 250 200 100 200 100 100 50 130 65 100 800 150 150 150 150 150 150 150 150 150 1			First Named Inventor	Kunio Moriya	Kunio Moriyama						
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify):	FOLET 20	JUO	Examiner Name K. T. Nguye								
Check X Credit Card Money Order None Other (please identify):	Applicant claims small entity state	us. See 37 CFR 1.27	Art Unit 2881								
Check X Credit Card Money Order None Other (please identify): X Deposit Account Number: 04-1073 Deposit Account Number: Dickstein Shapiro LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee (es) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Fee	TOTAL AMOUNT OF PAYMENT	Attorney Docket No.	P003								
X Deposit Account Deposit Account Number: 04-1073 Deposit Account	METHOD OF PAYMENT (check	all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) free(s) Credit any overpayments Credit any overpayments Credit any overpayments Fee (S)											
Charge fee(s) indicated below	x Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X Credi	For the above-identified depo	osit account, the Director is	hereby authorized to: (cl	heck all that apply	<i>(</i>)						
Test Calculation Test	Charge fee(s) indicated	i below	Charge fee(s)	indicated below,	except for the filing fee						
Application Type											
Papelication Type	FEE CALCULATION	-									
Utility	FI	LING FEES SE	Small Entity	Small Entity							
Design 200 100 100 50 130 65					rees raid (\$)						
Plant	-										
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 2. EXCESS CLAIM FEES	•										
Provisional 200 100 0 0 0 0 0 0											
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$)											
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 1,400.00 1504 Publication fee for early, voluntary, or normal 300.00		100 0	U C	,	Small Entity						
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) 1,400.00 Other (e.g., late filling surcharge): 1501 Utility issue fee 1,400.00 300.00											
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 =		ues)			50 25						
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims -20 =	Each independent claim over 3 (incl	uding Reissues)			200 100						
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 1504 Publication fee for early, voluntary, or normal 300.00	Multiple dependent claims				360 180						
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 =	Total Claims Extra Claims	Fee (\$) Fee	Paid (\$)	Multiple Dependent	dent Claims						
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 =				Fee (\$)	Fee Paid (\$)						
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	·	· -									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	indep. Claims Extra Claims	ree (\$) = ree (Paid (\$)								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	HP = highest number of independent claims	paid for, if greater than 3.									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 (round up to a whole number) x = 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1504 Publication fee for early, voluntary, or normal 300.00	If the specification and drawings ex- listings under 37 CFR 1.52(e)),	the application size fee du	ie is \$250 (\$125 for smal								
- 100 =				Foo (8)	Eco Boid (\$)						
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 1504 Publication fee for early, voluntary, or normal 300.00					=						
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 1504 Publication fee for early, voluntary, or normal 300.00			(lound up to a whole hamb	Ci) x	Fees Paid (\$)						
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 1504 Publication fee for early, voluntary, or normal 300.00	· ·										
1504 Publication lee for early, voluntary, or normal 500.00	Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00										
8001 Printed copy of patent w/o color 15.00											
		COOT TIME COPY OF	paterit wo color		10.00						
SUBMITTED BY Signature Registration No. 33.082 / 45.920 Telephone (202) 420-4742	1/6/-1/	Registration No	22 002 / 45 0	20 Telephone	(202) 420 4742						
(Attorney/Agent) 33,062 / 43,920 Telephone (202) 420-4742	Name (Print/Type) Mark J. Thronsor	(Attorney/Agent)	33,062 / 45,9	Date	December 22, 2006						